ANTHONY CORE 2101 BAILEY HILL #G1 EUGENE

OR 97405



SUNSET MEADOWS ASSOCIATION, 1438 1/2 FETTERS LOOP EUGENE OR 97402-6723

Elite Agent

03485-47-93 05/23/25 01:26:49 A0348547930025 001 AH167 AUTOMATIC-RENEWAL

ATTACH SRN FCS-0453 CM057EP4 03



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#### Sign And Submit Forms Online With eSign

With eSign, you can sign your policy documents electronically and send them to us with just a few clicks. Its the convenient, secure way to submit forms that require your signature. Once this feature is added to your policy, any signature forms listed in your policy declarations with an asterisk (\*) will be sent to you via eSign. Future changes to your policy will automatically process via eSign, if eligible.

If you havent signed up for eSign yet, contact your Farmers <sup>®</sup> agent today to get started.

25-9586ED1 9-20 Page 1 of 1



Dear Farmers® Customer,

Thank you for choosing Farmers for your Business Insurance needs.

In today's business environment, we understand that your business needs may change during the year. For example, you may acquire new equipment, adjust your staffing, add a new location, create electronic ordering and/or billing for your customers or begin offering new services.

#### These changes may require updated insurance coverage for your business.

Farmers and its agents want to help make you smarter about your insurance. To do that, we offer special services at no additional cost to you to help you ensure your business has the coverage it needs.

#### For example:

- Your agent will be happy to schedule a Farmers Friendly Review with you. During this review, your agent can talk to you about available insurance discounts, potential coverage gaps, and new products that may be available to you. In addition, if there have been changes in your business since your last policy review, your premium may be eligible for additional pricing consideration.
- MysafetyPoint.com makes safety and loss control information available that may help you avoid workplace injuries and other losses.

To access this information, log onto <u>www.mysafetypoint.com</u>, then register with your policy number and email address to find safety and loss control information that is specific to your type of business.

## ENCLOSED YOU WILL FIND YOUR POLICY DOCUMENTS. PLEASE REVIEW YOUR COVERAGES TO ENSURE THEY MEET YOUR NEEDS.

If you have any questions, please contact your Farmers agent.

**Anthony Core** 

Email: acore@farmersagent.com

541-687-0884



### **STATEMENT**

#### MID-CENTURY INSURANCE COMPANY

| ° SUNSET MEADOWS AS   | SOCIATION               |                                                                                        |                |
|-----------------------|-------------------------|----------------------------------------------------------------------------------------|----------------|
| *SEE J7104 AMEND TO   | NAMED INS               |                                                                                        | MAY 23, 2025   |
| 1438 1/2 FETTERS LOC  | P                       |                                                                                        | Date           |
| EUGENE OR 974         | 02-6723                 |                                                                                        | 73-15-292      |
|                       |                         |                                                                                        | Agent's Number |
|                       |                         | olicy for an additional 12 months term only if<br>ore the renewal date of this notice. | 03485-47-93    |
| F                     |                         |                                                                                        | Policy Number  |
| This Statement Reflec | le.                     |                                                                                        | 1020250208     |
|                       |                         |                                                                                        | Loan Number    |
| Effective Date: 08/0  | 01/25                   |                                                                                        |                |
| New Business          | Reinstatement           | ☐ Change Of Coverage ☐ A                                                               | Added Coverage |
| \$                    | Previous Balance Owing  |                                                                                        |                |
| \$                    | Premium                 |                                                                                        |                |
| \$                    | Membership, Policy, Rei | Instatement, Reissue or Service Fees                                                   |                |
| \$                    | Pro Rata Premium Due    |                                                                                        |                |
| \$ 36,126.00          | Premium For Renewing    | Entire Present Coverage From 08/01/25                                                  | To08/01/26     |
| \$                    |                         |                                                                                        |                |
| \$                    |                         |                                                                                        |                |
| \$                    |                         |                                                                                        |                |
| \$                    |                         |                                                                                        |                |
|                       | _ Total Charges         |                                                                                        |                |
| \$                    |                         |                                                                                        |                |
| \$                    | Payments                |                                                                                        |                |
| \$                    | Other Credits           |                                                                                        |                |
| \$                    | _ Total Credits         |                                                                                        |                |
| \$ <u> </u>           | BALANCE DUE UPON R      | ECEIPT                                                                                 |                |
| \$                    | Optional Amount         | WE WANT TO BE YOUR FIRST CHOICE FOR                                                    |                |

IMPORTANT- D-O N-O-T P-A-Y T-H-I-S N-O-T-I-C-E PREMIUM WILL BE BILLED. ACCT # F005208134-001-00001.

POLICY WITH FARMERS YOU MAY BE ELIGIBLE TO RECEIVE A

DISCOUNT, CONTACT YOUR AGENT TODAY.

\$\_\_\_\_\_ Refund

## **State Required Notification:**

25-7200 5-14 A7200102 PAGE 2 OF 2



## **Privacy Policy**

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.

#### **Information We Collect**

We may collect the following categories of information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

| Category                                               | Examples                                                                                                                                                                                                                                       |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal Identifiers                                   | Name, alias, address, social security number, date of birth, passport number, unique personal identifier, online identifier, IP address, e-mail address, account name, government issued identification number, phone number, signature.       |
| Personal Characteristics                               | Gender, demographic, medical and health, convictions, marital status, offspring, driving record, family member/other status, and other descriptions of your physical characteristics.                                                          |
| Commercial Information                                 | Personal property, insurance policy number, medical information, or health insurance information, purchased products or services, considered products or services, purchasing or consuming histories or tendencies.                            |
| <b>Biometric Information</b>                           | Voice print, photo.                                                                                                                                                                                                                            |
| Internet or Network Activity                           | Information regarding your interactions with websites, applications, and advertisements, browser type, electronic communications, IP address, cookies.                                                                                         |
| Geolocation                                            | IP address, physical address, telephone number, state, municipality, location, devices, applications on mobile and computer devices.                                                                                                           |
| Audio, Electronic, Visual, Thermal, Olfactory          | Audio, electronic, photo, visual information, such as a call or video recording, voicemail messages.                                                                                                                                           |
| Professional Information and Employment<br>Information | Job titles, work history, school attended, employment status, veteran, or military status.                                                                                                                                                     |
| Education Information                                  | Job titles, work history, school attended, marital status, e-mail, telephone recordings.                                                                                                                                                       |
| Inferences                                             | Preferences, behaviors, characteristics, trends, predispositions, attitudes, abilities, and aptitudes.                                                                                                                                         |
| Sensitive Personal Information                         | Social security number, drivers license number, state ID card, account login, precise geo-location, bank account number, credit or debit card number, or any other financial information, trade union membership, your communications with us. |

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#### **Purposes For Collection Of Personal Information**

We collect and use your personal information to offer, provide and maintain insurance products and related services to you. We may use your personal information for one or more of the following purposes:

- To offer, provide, and maintain insurance products and related services to you;
- To authenticate and verify your identity; to maintain your preferences and to contact you;
- Security: authentication and verification of your identity, fraud identification and protection;
- Conduct analytics, research and development, improvement of our products and services;
- To conduct quality assurance;
- To provide a location-based product or service requested by you;
- To apply relevant discounts;
- To create profiles based on personal information collected and reflecting individual preferences to provide appropriate or relevant products and services and improve and analyze our products and services and provide relevant marketing;

#### **Sources Of Personal Information**

We collect certain information ("nonpublic personal information") about you and the members of your household (collectively, "you") from the following sources:

- Information you provide on applications or other forms, such as your social security number, assets, income, and property information.
- Information about your transactions with us, our affiliates, or others, such as your policy coverage, premiums, and payment history.
- Information from your visits to the websites we operate, use of our mobile sites and applications, use of our social media sites, and interaction with our on-line advertisements.
- Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information, and insurance claim history; and
- If you obtain a life, long-term care, or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

#### How Long Do We Retain Your Information

We retain your personal data for as long as reasonably necessary to fulfill the purpose for which it was collected or to comply with legal, regulatory, or internal procedures or obligations.

#### **How We Protect Your Information**

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

#### Information We Disclose

We may disclose the nonpublic personal information we collect about you, as described above, to our affiliates, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, and to other third parties, as permitted by law and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies. Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Farmers or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

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We are permitted to disclose personal health information:

- (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud;
- (2) with your written authorization; and
- (3) as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

#### **Sharing Information with Affiliates**

The Farmers Insurance Group<sup>®</sup> of Companies includes affiliates that offer a variety of financial products and services in addition to insurance. Sharing information enables our affiliates to offer you a more complete range of products and services.

We may disclose nonpublic personal information, as described above in **Information We Collect**, as permitted by law to our affiliates, which include:

- Financial service providers such as insurance companies and reciprocals, investment companies, underwriters and brokers/dealers.
- Non-financial service providers, such as data processors, billing companies and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates information about our transactions and experiences with you. In addition, we may share with our affiliates consumer report information, such as information from credit reports and certain application information, received from you and from third parties, such as consumer reporting agencies and insurance support organizations.

#### IMPORTANT PRIVACY CHOICES

You have choices about the sharing of some information with certain parties. These choices may differ based on the particular affiliate(s) with which you do business.

<u>For 21st Century customers</u>: We are offering you an opt-out opportunity which is included with your policy documents. If you prefer that we not share your consumer report information with Farmers you may opt-out of such disclosures that is, you may direct us not to make those disclosures - other than as otherwise permitted by law. You may do so by following the procedure explained in the Opt-Out Form. You may opt-out only by returning the Opt-Out Form. We will implement your request within a reasonable time. If it is your decision not to opt-out and to allow sharing of your information with the Farmers affiliates, you do not need respond in any way.

For Bristol West customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may use the Opt-Out Form included with your policy documents. Please verify that your Bristol West policy number is listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. We will implement your request within a reasonable time after we receive it. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy. If it is your decision not to opt-out and to allow sharing of your information with our affiliates, you do not need to request an opt-out or respond to us in any way.

<u>For Farmers customers</u>: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may request an Opt-Out Form by calling toll free, 1-800-327-6377, (please have all of your policy numbers available when requesting Opt-Out Forms). A form will be mailed to your attention. Please verify that all of your Farmers policy numbers are listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy issued by the affiliates listed on the Farmers Privacy Notice. We will implement your request within a reasonable time after we receive the form.

If you decide not to opt-out or if you have previously submitted a request to opt-out on each of your policies, no further action is required.

Additionally, under the California Consumer Privacy Act ("CCPA", California residents have the right to opt out of the sale of personal information to certain third parties. Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form at <a href="https://www.farmers.com/california-consumer-privacy/">https://www.farmers.com/california-consumer-privacy/</a>.

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#### **Modifications to Our Privacy Policy**

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with other nonaffiliated third parties. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out of, or, if applicable, to opt-in to that type of information sharing.

#### **Website and Mobile Privacy Policy**

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

#### Recipients of this Notice

While any policyholder may request a copy of this notice, we are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

#### More Information about these Laws

This notice is required by applicable federal and state law. For more information, please contact us.

#### **Signed**

Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, Mid-Century Insurance Company, Farmers Insurance Company, Inc. (A Kansas Corp.), Farmers Insurance Company of Arizona, Farmers Insurance Company of Idaho, Farmers Insurance Company of Oregon, Farmers Insurance Company of Washington, Farmers Insurance of Columbus, Inc., Farmers Insurance Hawaii, Inc., Farmers New Century Insurance Company, Farmers Services Insurance Agency, Farmers Specialty Insurance Company, Farmers Texas County Mutual Insurance Company, Farmers Financial Solutions, LLC (a member of FINRA and SIPC)\*, FFS Holding, LLC, Illinois Farmers Insurance Company, Mid-Century Insurance Company of Texas, Texas Farmers Insurance Company, Civic Property and Casualty Company, Exact Property and Casualty Company, and Neighborhood Spirit Property and Casualty Company, American Federation Insurance Company, 21st Century Advantage Company, 21st Century Assurance Company, 21st Century Auto Insurance Company of New Jersey, 21st Century Casualty Company, 21st Century Centennial Insurance Company, 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century Insurance Company of Southwest, 21st Century North America Insurance Company, 21st Century Pacific Insurance Company, 21st Century Premier Insurance Company, 21st Century Superior Insurance Company, Hawaii Insurance Consultants Ltd., American Pacific Insurance Company, Inc., Bristol West Casualty Insurance Company, Bristol West Holdings, Inc., Bristol West Insurance Company, Bristol West Insurance Services of California, Inc., Bristol West Insurance Services, Inc. of Florida, Bristol West Preferred Insurance Company, BWIS of Nevada, Inc., Coast National Holding Company, Coast National Insurance Company, Foremost County Mutual Insurance Company, Foremost Insurance Company Grand Rapids, Michigan, Foremost Lloyds of Texas, Foremost Property and Casualty Insurance Company, Foremost Signature Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX), Farmers Property and Casualty Insurance Company, Farmers Casualty Insurance Company, Farmers Group Property and Casualty Insurance Company, Economy Fire & Casualty Company, Economy Preferred Insurance Company, Farmers Lloyds Insurance Company of Texas, Economy Premier Assurance Company, Farmers Direct Property & Casualty Insurance Company, Toggle Insurance Company.

The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the companies comprising the Farmers Insurance Group of Companies.

\*For more background information on Farmers Financial Solutions, LLC ("FS" or its registered representatives / Agents, visit FINRAs BrokerCheck at <a href="www.finrabrokercheck.com">www.finrabrokercheck.com</a> or call the BrokerCheck toll free hotline at (800) 289-9999. You may obtain information about the Securities Investor Protection Program (SIPC) including the SIPC brochure by contacting SIPC at (202) 371-8300 or via the internet at <a href="www.sipc.org">www.sipc.org</a>. FFS is registered with the US Securities and Exchange Commission and the Municipal Securities Rulemaking Board (MSRB). The MSRB website is accessible at <a href="www.msrb.org">www.msrb.org</a> and includes an Investor Brochure that describes the protections that may be provided by the MSRB and how to file a complaint with the appropriate regulatory authority.

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#### **Important Information About Your Renewal Policy**

As you review the enclosed renewal policy, please note that the following endorsements have been revised, replaced or added to your Businessowners policy. These endorsements will result in a reduction in coverage under your policy's Business Liability coverages.

#### Added

J7544-ED1, Cyber Incident Liability Exclusion

This new endorsement defines "cyber incident" and excludes coverage with respect to bodily injury, property damage or personal and advertising injury arising out of a cyber incident. Specific coverage for cyber liability may be found in the optional *Cyber Liability and Data Breach Response Coverage Form* (J7155). Please refer to your policy's Common Policy Declarations page to see if Cyber Liability and Data Breach Response Coverage is included in your policy.

• J7546-ED1, Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)

This new endorsement excludes bodily injury, property damage and personal and advertising injury related exposures associated with its PFAS definition, including any loss, cost or expense arising out of PFAS abatement, testing for, monitoring, cleaning up, or other related activities, by you or by any other person or entity.

#### Revised

J7110-ED2, Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability

This endorsement has been revised to add references to personal material, biometric information, and nonpublic information to the types of material or information addressed. Additionally, identity monitoring expenses, data restoration expenses and extortion expenses are added to the types of expenses.

#### Replaced

Endorsements J6345-ED1 and J6347-ED1 entitled Exclusion - Violation of Statutes That Govern E-Mails, Fax,
 Phone Calls or Other Methods of Sending Material or Information have been replaced by endorsement
 [7545-ED1 - Exclusion - Violation of Laws Addressing Data Privacy And Recording And Distribution of Material .

This new endorsement revises the provisions of J6345 and J6347 to address the Fair Credit Reporting Act, the Fair and Accurate Credit Transaction Act, and other laws addressing biometric information privacy and other nonpublic information.

This notice provides a summary of the changes to your policy; it is not part of your insurance contract. It is not a substitute for reviewing your policy. Please review your policy and its attached endorsements for complete information.

If you have any questions about these changes or want to discuss optional Cyber Liability and Data Breach Response coverage, please contact your Farmers® agent.

25-6628ED1 07-24 Page 1 of 1



#### Mid-Century Insurance Company (A Stock Company)

Member Of The Farmers Insurance Group Of Companies®
Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

#### **COMMON POLICY DECLARATIONS**

| Named                                      | SUNSET MEADOWS ASSOCIATION, |                       |                             | F005208134-001-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | F005208134-001-00001      |  |  |
|--------------------------------------------|-----------------------------|-----------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|--|
| Insured                                    | *SEE J7104 AMEN             |                       | Account No.                 | Prod. Count                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |  |  |
| Mailing                                    | 1438 1/2 FETTERS            | S LOOP                |                             | 73-15-292                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 03485-47-93               |  |  |
| Mailing<br>Address                         | EUGENE, OR 9740             |                       |                             | Agent No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Policy Number             |  |  |
| Form of                                    | □Individual                 | □ Joint Venture       | Limited Liability Co.       | Business Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | on:                       |  |  |
| Business                                   | <b>└</b> Corporation        | Partnership           | X Other Organization        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |
| Policy                                     | 110111                      | 8-01-2025             | (not prior to time a        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | l. L                      |  |  |
| Period                                     | To08                        | 8-01-2026             | 12:01 A.M. Standar          | d time at your mailing address s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | shown above.              |  |  |
| until the of insurance,                    | ther coverage ends.         | This policy will co   | ontinue for successive p    | me day this policy begins, this policy periods as follows: If will be policy in the po | ve elect to continue this |  |  |
| This policy<br>change.<br><b>Coverag</b> e |                             | wing coverage parts l | isted below and for which a | a premium is indicated. This pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , ,                       |  |  |
| Condomi                                    | niums Owners Polic          | у                     |                             | \$34,845.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |  |  |
| Directors                                  | And Officers Liabili        | ty                    |                             | \$1,245.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |  |  |
| Cyber Lia                                  | ability And Data Brea       | ach Expense Coveraç   | је                          | \$36.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |  |  |
| Certified                                  | Acts Of Terrorism - S       | See Disclosure Endor  | rsement                     | Included                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |  |  |
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|                                            |                             |                       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |
|                                            |                             | Total (See Additional | Fee Information Below)      | \$36,126.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |  |  |

Forms Applicable To 25-9230ED3 Reminder-Review Your Coverages J7104-ED1 Amendment To Named Insured All Coverage Parts: **Your Agent** Anthony Core Anthony Core Insurance Agency Inc 2101 Bailey Hill #g1 Eugene, OR 97405 (541) 687-0884 Countersigned (Date) By Authorized Representative

**Policy Number:** 03485-47-93

Effective Date: 08-01-2025

56-2406 1-17 C2406202 Page 2 of 3

#### **Additional Fee Information**

The following additional fees apply on an account, not a per-policy, basis.

• A **service fee** will be assessed on every installment invoice and will be included in the minimum amount due. However, if you choose to pay the entire account balance in full upon receipt of the first installment, the fee will be waived. In addition, for accounts fully enrolled in online billing and scheduled for recurring Electronic Funds Transfer (EFT) payments the fee will be waived.

| State                                                                     | Installment Fee |
|---------------------------------------------------------------------------|-----------------|
| All states except Alaska, Florida, Maryland, New Jersey And West Virginia | \$6.00          |
| Alaska and Maryland                                                       | Not applicable  |
| Florida                                                                   | \$3.00          |
| NewJersey                                                                 | \$7.00          |
| West Virginia                                                             | \$5.00          |

• A returned payment fee applies per check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account. NOTE: If the returned payment is in response to a Notice of Cancellation, coverage still cancels on the cancellation effective dateset forth in the notice.

| State                                                                                                                       | NSF Fee        |
|-----------------------------------------------------------------------------------------------------------------------------|----------------|
| All States Except Alaska, Florida, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia And West Virginia | \$30.00        |
| North Dakota And Oklahoma                                                                                                   | \$25.00        |
| Nebraska And Indiana                                                                                                        | \$20.00        |
| Florida And West Virginia                                                                                                   | \$15.00        |
| Maine                                                                                                                       | \$10.00        |
| Alaska, New Jersey And Virginia                                                                                             | Not applicable |

• A **late fee** will be assessed on each Notice of Cancellation that is issued and will be included in the minimum amount due.

| State                                                                                                                                 | Late Fee       |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------|
| All States Except Alaska, Florida, Maryland, Missouri, Nebraska, New Jersey, Rhode Island, Virginia, South Carolina And West Virginia | \$20.00        |
| Nebraska, Rhode Island And South Carolina                                                                                             | \$10.00        |
| Alaska, Florida, Maryland, Missouri, New Jersey, Virginia And West Virginia                                                           | Not applicable |

The following applies on a per-policy basis.

• A **reinstatement fee** of \$25.00 will be assessed if the policy is reinstated over 30 days but under 6 months from the cancellation date. This fee does not apply to Florida, Indiana & Maryland or to Workers Compensation policies.

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

56-2406 1-17 C2406203 Page 3 of 3



7104 1st Edition

POLICY NUMBER: 03485-47-93

#### AMENDMENT OF NAMED INSURED

#### **SCHEDULE**

| The following is/are the Named Insured(s) on this policy: |  |  |  |  |
|-----------------------------------------------------------|--|--|--|--|
| SUNSET MEADOWS ASSOCIATION,<br>INC.                       |  |  |  |  |
|                                                           |  |  |  |  |
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This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.



3rd Edition

#### DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

#### **SCHEDULE**

| SCHEDULE - PART I                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------|
| Terrorism Premium (Certified Acts) \$ 358.00                                                                           |
| Additional information, if any, concerning the terrorism premium:                                                      |
|                                                                                                                        |
|                                                                                                                        |
|                                                                                                                        |
| SCHEDULE - PART II                                                                                                     |
| Federal share of terrorism losses <u>80</u> % Year: 20 <u>25</u><br>(Refer to Paragraph <b>B.</b> in this endorsement) |
|                                                                                                                        |
| Federal share of terrorism losses <u>80</u> % Year: 20 <u>26</u> (Refer to Paragraph <b>B.</b> in this endorsement)    |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations.                 |

#### A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

#### B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

#### C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



J7110 2nd Edition

# EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION AND DATA-RELATED LIABILITY

This endorsement modifies insurance provided under the:

BUSINESSOWNERS COVERAGE FORM BUSINESSOWNERS LIABILITY COVERAGE FORM APARTMENT OWNERS LIABILITY COVERAGE FORM CONDOMINIUM LIABILITY COVERAGE FORM

Paragraph 1. Applicable To Business Liability Coverage under B. Exclusions in the applicable Liability Coverage Form and Section II - Liability of the BUSINESSOWNERS COVERAGE FORM is amended as follows:

**A.** The following exclusion is added:

#### Access Or Disclosure Of Confidential Or Personal Material Or Information And Data-Related Liability

This insurance does not apply to damages, including but not limited to, "bodily injury", "property damage" or "personal and advertising injury", arising out of:

- Any access to or disclosure of any person's or organization's confidential or personal material or information, including patents, trade secrets, processing methods, customer lists, financial information, credit card information, health information, biometric information or any other type of nonpublic material or information; or
- 2. The loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data.

This exclusion applies even if damages are claimed for notification costs, credit or identity monitoring expenses, forensic expenses, public relations expenses, data restoration expenses, extortion expenses or any other loss, cost or expense incurred by you or others arising out of that which is described in Paragraph 1. or 2. above.

As used in this exclusion, electronic data means information, facts, recordings, images or computer programs stored as or on, created or used on, or transmitted to or from computer software, (including systems and applications software), on hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other repositories of computer software which are used with electronically controlled equipment. The term computer programs, referred to in the foregoing description of electronic data, means a set of related electronic instructions which direct the operations and functions of a computer or device connected to it, which enable the computer or device to receive, process, store, retrieve or send data.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



 $\begin{tabular}{ll} \bf Mid-Century\ Insurance\ Company\ (A\ Stock\ Company) \\ \bf Member\ Of\ The\ Farmers\ Insurance\ Group\ Of\ Companies\ ^{\textcircled{\tiny B}} \end{tabular}$ 

Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

## POLICY DECLARATIONS - CONDO/TOWNHOME PRIMARY POLICY

| Named<br>Insured<br>Mailing<br>Address                                                                                                     | *SEE J7    | T MEADOWS ASSOCIATION,<br>104 AMEND TO NAMED INS<br>/2 FETTERS LOOP<br>IE, OR 97402-6723 |                                                                                                                                                  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Policy Nur                                                                                                                                 | mber 0     | 3485-47-93                                                                               | $\square$ Auditable                                                                                                                              |  |  |
| Policy<br>Period                                                                                                                           | From<br>To | 08-01-2025<br>08-01-2026                                                                 | -<br>_ 12:01 A.M. Standard time at your mailing address shown above.                                                                             |  |  |
|                                                                                                                                            |            |                                                                                          | the terms of this policy, we agree with you to provide insurance as stated in es described and for which a specific limit of insurance is shown. |  |  |
| The following premium credits and discounts applied to the premium associated with this coverage part:  Favorable Loss Experience Discount |            |                                                                                          |                                                                                                                                                  |  |  |
| There may b                                                                                                                                | e other (  | credits and discounts you may be al                                                      | ble to enjoy, please contact your agent for full details.                                                                                        |  |  |
|                                                                                                                                            |            |                                                                                          |                                                                                                                                                  |  |  |
|                                                                                                                                            |            |                                                                                          |                                                                                                                                                  |  |  |

Your Agent Anthony Core

Anthony Core Insurance Agency Inc

2101 Bailey Hill #g1 Eugene, OR 97405 (541) 687-0884

#### PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS

The following coverages apply to the described locations and/or building. Please refer to the Base Coverages And Extensions section for other coverages and extensions applying at the policy level.

Option: BV - Blanket Value (see Base Coverage & Extensions for the total limit)

Valuation: ACV - Actual Cash Value; AV - Agreed Value; RC - Replacement Cost;

ERC - Extended RC; FRC- Functional RC; GRC - Guaranteed RC

**Abbreviation:** ALS = Actual Loss Sustained; BI = Business Income; EE = Extra Expense

| Premises<br>Number | Bldg.<br>No. | Covered Premises Address                       | Mortgagee Name And Address                                                                                                                                                                                           |
|--------------------|--------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 001                | All          | 1438 1/2 Fetters Loop<br>Eugene, OR 97402-6723 | ISERVE RESIDENTIAL LENDING LLC ISAOA 10815 RANCHO BERNARDO RD STE 230 SAN DIEGO, CA 92127-2189 LOAN NO. 1020250208 NBKC BANK ITS SUCCESSORS AND/OR ASSIGNS PO BOX 961292 FORT WORTH, TX 76161-0292 LOAN NO. 25012050 |

| Coverage                                                    |  | Valuation | Limit Of Insurance   | Deductible/<br>Waiting Period |
|-------------------------------------------------------------|--|-----------|----------------------|-------------------------------|
| Building                                                    |  | ERC       | \$19,031,100         | \$10,000                      |
| Accounts Receivables - On-Premises                          |  |           | \$5,000              | \$10,000                      |
| Building - Automatic Increase Amount                        |  |           | 8%                   |                               |
| Building Ordinance Or Law - 1 (Undamaged Part)              |  |           | Included             | None                          |
| Building Ordinance Or Law - 2 (Demolition Cost)             |  |           | \$475,800            | None                          |
| Building Ordinance Or Law - 3 (Increased Cost)              |  |           | \$475,755            | None                          |
| Building Ordinance Or Law - Increased Period of Restoration |  |           | Included             | None                          |
| Debris Removal                                              |  |           | 25% Of Loss + 10,000 |                               |
| Electronic Data Processing Equipment                        |  |           | \$5,000              | \$10,000                      |
| Exterior Building Glass                                     |  |           | Included             | \$10,000                      |
| Outdoor Property                                            |  |           | \$2,500              | \$10,000                      |
| Outdoor Property - Trees, Shrubs & Plants (Per Item)        |  |           | \$500                | \$10,000                      |
| Personal Effects                                            |  |           | \$2,500              | \$10,000                      |
| Pollutant Clean Up And Removal Aggregate                    |  |           | \$10,000             | \$10,000                      |
| Specified Property                                          |  |           | \$40,000             | \$10,000                      |
| Valuable Paper And Records - On-Premises                    |  |           | \$5,000              | \$10,000                      |
|                                                             |  |           |                      |                               |
|                                                             |  |           |                      |                               |
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#### PROPERTY, INLAND MARINE AND CRIME COVERAGE AND LIMITS OF INSURANCE

The following Coverages and Extensions apply to all covered locations (premises) and/or buildings. Please refer to the individual location (premises) section for coverages and limits specific to such location (premises).

| Base Coverage And Extensions                             | Limit of Insurance | Deductible/<br>Waiting Period |
|----------------------------------------------------------|--------------------|-------------------------------|
| Accounts Receivables - Off-Premises                      | \$2,500            | \$10,000                      |
| Association Fees And Extra Expense                       | \$174,960          |                               |
| Back Up Of Sewers Or Drains                              | \$20,000           | \$10,000                      |
| Crime Conviction Reward                                  | \$5,000            | None                          |
| Drone Aircraft - Direct Damage (per occurrence)          | \$10,000           | \$10,000                      |
| Drone Aircraft - Direct Damage (per item)                | \$2,500            | \$10,000                      |
| Employee Dishonesty                                      | \$50,000           | \$1,000                       |
| Computer Fraud And Funds Transfer Fraud                  | \$50,000           | \$1,000                       |
| Fire Department Service Charge                           | \$1,000            | None                          |
| Fire Extinguisher Systems Recharge Expense               | \$2,500            | None                          |
| Forgery And Alteration                                   | \$2,500            | \$10,000                      |
| Limited Biohazardous Substance Coverage - Per Occurrence | \$10,000           | \$10,000                      |
| Limited Biohazardous Substance Coverage - Aggregate      | \$20,000           | \$10,000                      |
| Limited Cov Fungi Wet Rot Dry Rot & Bacteria - Aggregate | \$15,000           | \$10,000                      |
| Master Key                                               | \$5,000            | None                          |
| Master Key - Per Lock                                    | \$100              | None                          |
| Money And Securities - Inside Premises                   | \$5,000            | \$500                         |
| Money And Securities - Outside Premises                  | \$5,000            | \$500                         |
| Money Orders And Counterfeit Paper Currency              | \$1,000            | \$10,000                      |
| Newly Acquired Or Constructed Property                   | \$250,000          | \$10,000                      |
| Outdoor Signs                                            | \$2,500            | \$500                         |
| Outdoor Signs - Per Sign                                 | \$1,000            |                               |
| Personal Property At Newly Acquired Premises             | \$100,000          | \$10,000                      |
| Personal Property Off Premises                           | \$5,000            | \$10,000                      |
| Premises Boundary                                        | 100 Feet           |                               |
| Preservation Of Property                                 | 30 Days            |                               |
| Unit Owners - Blanket                                    | \$5,848,900        | \$5,000                       |
| Valuable Paper And Records - Off-Premises                | \$2,500            | \$10,000                      |
|                                                          |                    |                               |
|                                                          |                    |                               |
|                                                          |                    |                               |

### LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE

Each paid claim for the following coverage reduces the amount of insurance we provide during the applicable policy period. Please refer to the policy.

Premium Basis: (A) Area; (C) Total Cost; (P) Payroll; (S) Sales/Receipts; (U) Each Unit

(M) Public Area Square Feet

(O) Other:

#### **Covered Premises And Operations**

| Address                                          | Classification /Exposure                  | Class<br>Code | Prem.<br>Basis | Annual<br>Exposure | Rate                 | Advance<br>Premiun   |
|--------------------------------------------------|-------------------------------------------|---------------|----------------|--------------------|----------------------|----------------------|
| 1438 1 / 2 Fetters Loop<br>Eugene, OR 97402-6723 | Condominiums / Townhomes<br>Swimming Pool | 8641<br>00097 | Incl<br>U      | Included<br>1      | Included<br>Included | Included<br>Included |
|                                                  |                                           |               |                |                    |                      |                      |
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## LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE CONTINUED Coverage Amount / Date General Aggregate (Other Than Products & Completed Operations) \$4,000,000 **Products And Completed Operations Aggregate** \$2,000,000 Personal And Advertising Injury Included Each Occurrence \$2,000,000 Tenants Liability (Each Occurrence) \$75,000 Medical Expense (Each Person) \$5,000 Pollution Exclusion - Hostile Fire Exception Included Directors & Officers Liability - Per Claim \$2,000,000 Directors & Officers Liability - Aggregate Directors & Officers Liability - Discrimination \$2,000,000 Included Directors & Officers Liability Retroactive Date 08/01/2003 Non-Owned Auto Liability \$2,000,000

#### Policy Forms And Endorsements Attached At Inception

| Number     | Title                                    |
|------------|------------------------------------------|
| 25-2110    | Notice - No Workers' Compensation Covg   |
| 25-6628ED1 | Important Information About Your Renewal |
| 25-9200ED3 | Farmers Privacy Notice                   |
| 56-5166ED5 | Addl Conditions - Reciprocal Provisions  |
| 56-6191    | Cyber Liability & Data Breach Dec        |
| E0104-ED1  | Business Liab Covg - Tenants Liability   |
| E0119-ED5  | Back Up Of Sewers And Overflow Of Drains |
| E0125-ED1  | Lead Poisoning And Contamination Excl    |
| E2038-ED3  | Conditional Exclusion Of Terrorism       |
| E3015-ED2  | Calculation Of Premium                   |
| E3024-ED3  | Condominium Common Policy Conditions     |
| E3037-ED1  | No Covg-Certain Computer Related Losses  |
| E3314-ED3  | Condominium Liability Coverage Form      |
| E3336-ED2  | Hired Auto And Non-Owned Auto Liability  |
| E3417-ED3  | Condo Assoc Unit Covg End                |
| E3422-ED3  | Condominium Property Coverage Form       |
| E3425-ED2  | Loss Payable Provisions                  |
| E4009-ED4  | Mold And Microorganism Exclusion         |
| E6097-ED4  | Extended Replacement Cost Endorsement    |
| E6288-ED3  | Exclusion - Conversion Projects          |
| E9122-ED6  | D & O Liability Covg - Condos & Co-Ops   |
| E9126-ED5  | D & O Liab - Amendement Of Exclusions    |
| J6300-ED3  | Disclosure - Terrorism Risk Ins Act      |
| J6316-ED2  | Excl Of Loss Due To Virus Or Bacteria    |
| J6350-ED1  | Employee Dishonesty - Property Manager   |
| J6351-ED2  | Limited Terrorism Exclusion              |
| J6353-ED1  | Change To Limits Of Insurance            |
| J6739-ED1  | Two Or More Coverage Forms               |
| J6829-ED1  | Limited Coverage For Fungi And Bacteria  |
| J6849-ED2  | Deductible Provisions                    |
| J7110-ED2  | Exclusion Confidential Info              |
| J7114-ED1  | Removal Of Asbestos Exclusion            |
| J7122-ED2  | Loss Payment - Profit, Overhead & Fees   |
| J7131-ED1  | Dishonesty Excl-Tenant Vandal Excp       |
| J7133-ED1  | Limited Biohazardous Substance Cov       |
| J7136-ED1  | Pollution Exclusion - Expanded Exception |
| J7139-ED1  | Bus Inc & Extra Exp - Partial Slowdown   |
| J7144-ED1  | Amendment Of Pers & Advertising Inj Covg |
| J7158-ED1  | Damage To Property Exclusion Revised     |
| J7180-ED1  | Computer Fraud & Funds Transfer Fraud    |
| J7183-ED1  | Limitation - Designated Premises/Project |

#### Policy Forms And Endorsements Attached At Inception

| Number    | Title                                |
|-----------|--------------------------------------|
| J7222-ED1 | Marijuana Exclusion                  |
| J7228-ED1 | Drone Aircraft Coverage              |
| J7230-ED1 | Supplementary Payments               |
| J7507-ED1 | Cyber Incident Exclusion             |
| J7541-ED1 | Broad Abuse Or Molestation Exclusion |
| J7542-ED1 | Premises Address Schedule            |
| J7544-ED1 | Cyber Incident Liability Exclusion   |
| J7545-ED1 | Exclusion - Violation Of Laws        |
| J7546-ED1 | Exclusion PFAS                       |
| S7326-ED2 | Oregon Changes                       |
| S7329-ED6 | Oregon Changes                       |
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Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

## DECLARATIONS CYBER LIABILITY AND DATA BREACH RESPONSE COVERAGE

THIS COVERAGE INCLUDES CLAIMS MADE AND REPORTED COVERAGES. SUBJECT TO ITS TERMS, THIS COVERAGE FORM'S CLAIMS MADE COVERAGES APPLY ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENDED REPORTING PERIOD, IF APPLICABLE, PROVIDED SUCH CLAIM IS REPORTED IN WRITING TO THE COMPANY AS SOON AS PRACTICABLE. WITHOUT NEGATING THE FOREGOING REQUIREMENTS, SUCH NOTICE OF CLAIM MUST ALSO BE REPORTED NO LATER THAN 30 DAYS AFTER THE END OF THE POLICY PERIOD OR, IF APPLICABLE, DURING THE OPTIONAL EXTENDED REPORTING PERIOD. AMOUNTS INCURRED AS CLAIMS EXPENSES, WHICH INCLUDES DEFENSE COSTS, SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTIONS. THE COMPANY SHALL NOT BE LIABLE FOR ANY CLAIMS EXPENSES OR FOR ANY JUDGMENT OR SETTLEMENT AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED. PLEASE READ THE COVERAGE FORM CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT.

| Named      | SUNSET MEADOWS A                         | ASSOCIATION,           | Policy Number                    | 03485-47-93 |
|------------|------------------------------------------|------------------------|----------------------------------|-------------|
| Insured    | *SEE J7104 AMEND T                       | O NAMED INS            |                                  |             |
| Mailing    | 14381/2 FETTERS LC<br>EUGENE, OR 97402-6 | OOP<br>1723            |                                  |             |
| Audiess    | 20 d2N2, 0N 37 102 0                     | 7.23                   |                                  |             |
|            |                                          |                        |                                  |             |
| Policy F   | rom: <u>08-01-2025</u>                   |                        |                                  |             |
|            | Го: <u>08-01-2026</u>                    | 12:01 A.M. Standard    | time at your mailing address sho | wn above.   |
|            |                                          |                        |                                  |             |
| Retroactiv | ve Date: 08/01/201:                      | 3                      |                                  |             |
| Continuit  | y Date: 08/01/2013                       | 3                      |                                  |             |
| O          | Francisco Devical.                       |                        |                                  |             |
| -          | Extension Period: optional extension     | period:                |                                  |             |
| lf no time | neriod is stated, ont                    | ional extension period | coverage is not provided.        |             |
|            | police is stated, opt                    | .sa. extending period  | 55.5. aga .55.provided.          |             |
| Cyber Ex   | tortion Hot Line:                        | -800-435-7764          |                                  |             |

| Coverage                                                                                   | Limit Of Insurance                         | Retention/Waiting<br>Period             |
|--------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------|
| Aggregate Limit of Liability                                                               | \$50,000                                   |                                         |
| Insuring Agreement A - Information Security & Privacy Liability                            | \$50,000                                   | \$2,500                                 |
| Insuring Agreement B - Privacy Breach Response Services                                    | \$50,000/<br>5,000 Notified<br>Individuals | \$2,500/<br>100 Notified<br>Individuals |
|                                                                                            |                                            |                                         |
| Insuring Agreement C - Regulatory Defense & Penalties                                      | \$50,000                                   | \$2,500                                 |
| Insuring Agreement D - Website Media Content Liability                                     | \$50,000                                   | \$2,500                                 |
| Insuring Agreement E - PCI Fines, Expenses And Costs                                       | \$10,000                                   | \$2,500                                 |
| Insuring Agreement F - Cyber Extortion                                                     | \$50,000                                   | \$2,500                                 |
| Insuring Agreement G - First Party Data Protection                                         | \$50,000                                   | \$2,500                                 |
| Insuring Agreement H - First Party Network Business Interruption Income Loss/Extra Expense | \$50,000                                   | \$2,500                                 |
| Waiting Period                                                                             |                                            | 12 hours                                |

#### Policy Forms And Endorsements Attached At Inception

| Number                 | Title                                                             |
|------------------------|-------------------------------------------------------------------|
| J7155-ED1<br>S7345-ED2 | Cyber Liability Coverage Form<br>Cyber Liab - OR Amendatory Endor |
|                        |                                                                   |
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J7546 1st Edition

## EXCLUSION - PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS)

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS LIABILITY COVERAGE FORM BUSINESSOWNERS COVERAGE FORM BUSINESSOWNERS LIABILITY COVERAGE FORM CONDOMINIUM LIABILITY COVERAGE FORM

The Apartment Owners Liability Coverage Form, the Businessowners Liability Coverage Form and the Condominium Liability Coverage Form, and **Section II - Liability** of the BUSINESSOWNERS COVERAGE FORM, are amended as follows:

**A.** The following is added to Section **B. Exclusions**:

This insurance does not apply to:

#### Perfluoroalkyl And Polyfluoroalkyl Substances

- **a.** "Bodily injury" or "property damage" which would not have occurred, or "personal and advertising injury" which would not have taken place, in whole or in part, but for the actual, alleged, threatened or suspected inhalation, ingestion, absorption, consumption, discharge, dispersal, seepage, migration, release or escape of, contact with, exposure to, existence of, or presence of, any "perfluoroalkyl or polyfluoroalkyl substances".
- **b.** Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "perfluoroalkyl or polyfluoroalkyl substances", by any insured or by any other person or entity.
- **B.** For the purposes of this endorsement, the following is added to Paragraph **F. Liability And Medical Expenses Definitions**:

"Perfluoroalkyl or polyfluoroalkyl substances" means any:

- 1. Chemical or substance that contains one or more alkyl carbons on which hydrogen atoms have been partially or completely replaced by fluorine atoms, including but not limited to:
  - **a.** Polymer, oligomer, monomer or nonpolymer chemicals and their homologues, isomers, telomers, salts, derivatives, precursor chemicals, degradation products or by-products;
  - **b.** Perfluoroalkyl acids (PFAA), such as perfluorooctanoic acid (PFOA) and its salts, or perfluorooctane sulfonic acid (PFOS) and its salts;
  - c. Perfluoropolyethers (PFPE);
  - d. Fluorotelomer-based substances; or
  - e. Side-chain fluorinated polymers; or
- 2. Good or product, including containers, materials, parts or equipment furnished in connection with such goods or products, that consists of or contains any chemical or substance described in Paragraph B.1.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



#### Dear Valued Customer,

Have the growth of your business and rising labor costs reduced the accuracy of the payroll or revenue shown on your policy? Have increased costs and inflationary trends reduced the protection provided by your policy? Building and Business Personal Property insurance limits, once adequate, may no longer meet today's repair or replacement costs.

To help compensate for these inflationary trends, the limits of insurance for Building and/or Business Personal Property coverages have been increased by a modest percentage. To keep your policy current with rising labor costs and normal business growth, the payroll and/or revenue have also been increased by a modest percentage.

This renewal offer includes the adjusted limits of insurance, payroll, revenue, and premium for your policy. The adjustments are relatively small, and they're based on estimated increases in the past year's construction and repair costs, as well as other inflationary factors, such as rising labor costs and normal business growth.

These increases do not guarantee adequate coverage for any loss; they are based on estimates. It is possible, for example, that updates or improvements to your property or increased sales might cause your individual needs for coverage to be greater than the amount provided by these adjustments. If you have not reviewed your policy recently, the effects of inflationary changes over time create the likelihood that the increases we made are less than the increases you need for optimal coverage.

These changes are made to better serve your insurance needs, and we encourage you to contact your Farmers agent, who will be pleased to help you with a comprehensive review of your policy.

Acceptance of these changes does not waive the provisions of the coinsurance clause or any other policy clause.

Thank you for choosing Farmers. We appreciate your business.



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#### CYBER INCIDENT LIABILITY EXCLUSION

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS LIABILITY COVERAGE FORM BUSINESSOWNERS COVERAGE FORM BUSINESSOWNERS LIABILITY COVERAGE FORM CONDOMINIUM LIABILITY COVERAGE FORM

The applicable Liability Coverage Form and **Section II - Liability** of the BUSINESSOWNERS COVERAGE FORM are amended as follows:

A. The following exclusion is added to Paragraph 1. Applicable To Business Liability Coverage under B. Exclusions:

This insurance does not apply to:

#### **Cyber Incident**

"Bodily injury", "property damage", or "personal and advertising injury" arising out of a "cyber incident".

This exclusion applies even if damages are claimed for notification costs, credit or identity monitoring expenses, forensic expenses, public relations expenses, data restoration expenses, extortion expenses or any other similar cost or expense incurred by you or others arising out of a "cyber incident".

**B.** For the purposes of this endorsement, the following is added to Paragraph **F. Liability And Medical Expenses Definitions**:

"Cyber incident" means any:

- 1. Unauthorized access to or use of any computer system.
- 2. Malicious code, virus or any other harmful code that is directed at, enacted upon or introduced into any computer system and is designed to access, alter, corrupt, damage, delete, destroy, disrupt, encrypt, exploit, use or prevent or restrict access to or the use of any part of any computer system or otherwise disrupt its normal functioning or operation.
- **3.** Denial of service attack which disrupts, prevents or restricts access to or use of any computer system, or otherwise disrupts its normal functioning or operation.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



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### **EXCLUSION - VIOLATION OF LAWS ADDRESSING** RECORDING AND DISTRIBUTION OF MATERIAL OR INFORMATION AND DATA PRIVACY

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS LIABILITY COVERAGE FORM **BUSINESSOWNERS COVERAGE FORM BUSINESSOWNERS LIABILITY COVERAGE FORM** CONDOMINIUM LIABILITY COVERAGE FORM

The following exclusion is added to Paragraph 1. Applicable To Business Liability Coverage under B. Exclusions in the applicable Liability Coverage Form and Section II - Liability of the BUSINESSOWNERS COVERAGE FORM:

This insurance does not apply to:

#### Violation of Laws Addressing Recording And Distribution Of Material Or Information And Data Privacy

"Bodily injury", "property damage" or "personal and advertising injury" arising directly or indirectly out of any action or omission that violates or is alleged to violate any of the following:

- 1. The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law.
- 2. The CAN-SPAM Act of 2003, including any amendment of or addition to such law.
- 3. The Fair Credit Reporting Act (FCRA), any amendment of or addition to such law, including the Fair and Accurate Credit Transaction Act (FACTA).
- 4. Any federal, state or local statute, ordinance or regulation, other than the TCPA, CAN-SPAM Act of 2003 or FCRA and their amendments and additions, that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information.
- 5. Any federal, state or local statute, ordinance, regulation or other law that addresses, prohibits, or limits access to, use of or the printing, dissemination, disposal, obtaining, collecting, storing, safeguarding, recording, retention, sending, transmitting, communicating, selling or distribution of any person's or organization's confidential or personal material or information, including financial, health, biometric or other nonpublic material or information.

Any such federal, state or local statute, ordinance, regulation or other law includes but is not limited to:

- (a) The Illinois Biometric Information Privacy Act (BIPA), including any amendment of or addition to such law;
- (b) The California Consumer Privacy Act (CCPA), including any amendment of or addition to such law.
- **6.** Any law of a jurisdiction other than the United States of America (including its territories and possessions) or Puerto Rico that is similar to any statute, ordinance, regulation or other law described in Paragraph a. above, including but not limited to the European Union's General Data Protection Regulation.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.